

SICK LEAVE FUND CONTRIBUTION FORM

INFORMATION FOR EMPLOYEES

1. Complete section I of this form and return it to your agency's payroll office to join the Sick Leave Fund or make an additional contribution to the Fund.
2. All contributions are voluntary and irrevocable.
3. You must meet the following criteria to enroll in or contribute to the Sick Leave Fund.
 - (a) You must have completed the 90-day qualifying period to use sick leave;
 - (b) you must make a minimum contribution of 8 hours sick leave to join the Fund. Employees may contribute up to 60 hours sick leave in a calendar year. (These amounts are prorated for part-time employees); and
 - (c) you must have at least 40 hours of personal sick leave remaining in your account after you make a contribution. (Also prorated for part-time employees).

SECTION I (to be completed by employee)

I wish to contribute _____ hours of my sick leave to the Sick Leave Fund. I understand my participation in the Fund constitutes my agreement as required in 2-18-615, MCA, to use all my sick leave, annual leave, other accrued paid leave, and compensatory time in order to become eligible to receive sick leave from the Fund.

_____		_____
name (please print)		agency

social security #	employee ID #	work phone number
_____		_____
signature		date

SECTION II (to be completed by employee's agency payroll office)

Pursuant to the Sick Leave Fund Policy, I certify that the above named employee has met the criteria described under item 3 above and is eligible to either join the Sick Leave Fund or make a contribution to the Fund. The employee's total contributions to the fund and direct grants to other employees have not exceeded 60 hours in the past 12 months.

The employee's sick leave balance has been debited by _____ hours on pay period ending _____.

_____	_____	_____
agency payroll clerk's signature	date	agency code

State Personnel Division: date input _____ initials _____